

BROADBAND/HIGHSPEED INTERNET HOME SERVICE APPLICATION

COMPLETE INFORMATION IS REQUIRED:

Employee Name

Employee Division

Low Org

Employee EIN Number

Employee/Service Street Address

City

State

Zip

Employee Home Telephone Number

WHICH APPLICATIONS/SYSTEMS DO YOU NEED ACCESS TO ?

SERVICE INFORMATION

Type of Service

Service Provider

Install Charge

Monthly Charge

Service Account Number

Service Effective Date

AUTHORIZATION

Employee Signature *

Division Director's Signature

APPROVAL

Technology Management Signature

Tax Commission Purchasing Signature

DIVISION OF PURCHASING

Director, Division of Purchasing Signature

COMMENTS

* By signing this agreement the employee acknowledges they have read and agree to follow the Acceptable Use of Information Technology Resources Policy TCA-66.